

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G		7/28/95
O.I.P.E. CLASSIFIER		48	7/30/95
FORMALITY REVIEW	11	68031	8/11/95
			10/12/95

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY** If more than 150 claims or 10 actions  
staple additional sheet here

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